MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08376

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Coroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
MARYLAND
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Greenridge Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE same
COUNTY same
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN same
STREET ADDRESS (If rural, give location) same

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) M. (Last) Collins

4. DATE OF DEATH (Month) August (Day) I, (Year) 19 52

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Sept. 26, 1876

9. AGE last birthday 75 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William C. Maloney

14. MOTHER'S MAIDEN NAME Adah Purt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Chas. E. Collins Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
4221 Immediate cause	(a) Chronic Myocarditis	1946
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchiectasis + Senewalgia	1944
	(c) Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19..., to Aug 1, 1952, that I last saw the deceased alive on Aug 1, 1952, and that death occurred at 1 P., m., from the causes and on the date stated above.

SIGNATURE W. E. Lemmon (Degree or title) M.D ADDRESS Federalsburg, Md DATE SIGNED Aug 2 1952

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Aug. 4, 1952 | NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery | LOCATION (City, town, or county) (State) Federalsburg, Md.

DATE REC'D BY LOCAL REG. August 4, 1952 | REGISTRAR'S SIGNATURE Everett Nuttle, Deputy Registrar | 24. FUNERAL DIRECTOR J. Harvey Williamson ADDRESS Federalsburg

RECEIVED
AUG 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08377

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (In this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Phila.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LORETTA (Middle) (Last) FISHER

4. DATE OF DEATH: (Month) AUG (Day) 31 (Year) 1952

5. SEX: F

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify which): Widowed

8. DATE OF BIRTH: Mar 2, 1886

9. AGE: last birthday 66 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beautician

10b. KIND OF BUSINESS OR INDUSTRY: Beauty

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: F. B. Seaton

14. MOTHER'S MAIDEN NAME: Hannah Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Fremont Boston Mass

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Hemorrhage	Few Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Possible Tuberculosis of Lungs	3 yrs
	(c)	

002X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dawson D. George Deputy Medical Examiner Denton Md 9/1/52

23. BURIAL CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Sept. 4 1952
NAME OF CEMETERY OR CREMATORY: Rolling Green Mem. Pk.
LOCATION (City, town, or county) (State): Philadelphia Pa.

DATE REC'D BY LOCAL REG. 9/1/52
REGISTRAR'S SIGNATURE: Mrs D L Jones
21. FUNERAL DIRECTOR: J Virgil Turner Son
ADDRESS: Denton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 5 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 08378 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Caroline — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg – Rural

LENGTH OF STAY (in this place): 9 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bridgeville Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — ~~County~~ Caroline

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg

STREET ADDRESS (If rural give location): Academy Avenue

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Ray (Last) Glenn

4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Divorced	January 28, 1904	48 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper	Bank	Baltimore County, Maryland	U.S.A.

13. FATHER'S NAME: Henry Fischbach

14. MOTHER'S MAIDEN NAME: Elizabeth Appel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
No	213-24-1834	Mrs. Paul Allendorf, Federalsburg, Md., R.FD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral Hemorrhage	3/20/52
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Cardio-Vascular Disease with	4/7/44
443X	(c) DUE TO Hypertension	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/7/44, to 8/4/52, that I last saw the deceased alive on 8/4/52, and that death occurred at 4:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. E. Lemmon M.D — ADDRESS: Federalsburg Md. — DATE SIGNED: aug 5th '52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 8, 1952	Hill Crest Cemetery	Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
August 8, 1952	Margaret H. Frampton	J.J. Frampton and Son,	Federalsburg, Md.

VS. A15

RECEI
AUG 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08379

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg
LENGTH OF STAY (In this place): 10 mins.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: West Central Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg - Rural
STREET ADDRESS (If rural, give location): Near Allen's Corner

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) Graham (Last) Lane

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: February 11, 1921

9. AGE last birthday: 31 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory

11. BIRTHPLACE (State or foreign country): Wicomico County, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Graham

14. MOTHER'S MAIDEN NAME: Elizabeth Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 218-20-7365

17. INFORMANT AND ADDRESS: Marion Hudson, Federalsburg, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage. Shock

982X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Stab wound to heart.

(c)

INTERVAL BETWEEN ONSET AND DEATH: Instant

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour): Aug 17 1952 12 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Stab wound to chest

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE (Degree or title): Warren C. George Deputy Medical Examiner ADDRESS: Dover, Del. DATE SIGNED: 8/17/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug. 20, 1952
NAME OF CEMETERY OR CREMATORY: Rhodesdale Col. Cemetery
LOCATION (City, town, or county) (State): Rhodesdale, Maryland

DATE REC'D BY LOCAL REG.: August 19, 1952
REGISTRAR'S SIGNATURE: Margaret H. Frampton
24. FUNERAL DIRECTOR ADDRESS: J.J. Framptom and Son, Federalsburg, Md.

RECEIVED
AUG 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08380

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro — LENGTH OF STAY (in this place) 1 Mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tribbett Nursing Home	STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Harold (Middle) (Last) Reese			4. DATE OF DEATH: (Month) 8 (Day) 30 (Year) 52 19		
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH: 8/28/1879	9. AGE last birthday: 73 yrs.	IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handyman	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: No Record		14. MOTHER'S MAIDEN NAME: No Record			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.: 216-05-2110A	17. INFORMANT & ADDRESS: Centerville, Md. Queen Anne Co. Welfare Board			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Central Hemorrhage c̄ hemiplegia

331X

Antecedent cause(s) DUE TO (b) Central & General Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 11, 1952, to Aug. 30, 1952, that I last saw the deceased alive on Aug. 30, 1952, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE Charles H. Stoneyfer (DEGREE OR TITLE) M.D. ADDRESS Greensboro, Maryland DATE SIGNED Sept. 3 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF 9/3/52	NAME OF CEMETERY OR CREMATORY Greensboro	LOCATION (City, town, or county) (State) Greensboro, Md.
DATE REC'D BY LOCAL REG. Sept 3-1952	REGISTRAR'S SIGNATURE L. MacLippin	24. FUNERAL DIRECTOR R. B. Rawlings	ADDRESS Greensboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415 8-51

RECEIVED
SEP 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)51

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg - Rural
LENGTH OF STAY (in this place): 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Houston Branch Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg
STREET ADDRESS (If rural give location): Houston Branch Road

3. NAME OF DECEASED: (Type or Print) (First) Roland (Middle) Webster (Last) Sampson

4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 6, 1912

9. AGE last birthday: 40 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Poultry Plant

11. BIRTHPLACE (State or foreign country): Williamsburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles W. Sampson

14. MOTHER'S MAIDEN NAME: Rachael Webb

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-03-2860

17. INFORMANT & ADDRESS: Mrs. Rachael Sampson, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Pulmonary Tuberculosis — Interval Between Onset And Death: 2 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 1952 to 8/5, 1952 that I last saw the deceased alive on 8/5, 1952 and that death occurred at 6:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank M. Anderson MD — ADDRESS: Federalsburg md — DATE SIGNED: 8/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: August 7, 1952 — NAME OF CEMETERY OR CREMATORY: Johns Cemetery — LOCATION (City, town, or county) (State): Near Preston, Maryland

DATE REC'D BY LOCAL REGISTRAR: August 7, 1952 — REGISTRAR'S SIGNATURE: Margaret H. Hampton

24. FUNERAL DIRECTOR — ADDRESS: J.J. Framptom and Son, Federalsburg, Md.

RECEIVED
AUG 12 1952
BUREAU V. &

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro — LENGTH OF STAY (in this place) 55Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS None	STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print)	(First) Wilson	(Middle) K.	(Last) Steele	4. DATE OF DEATH	(Month) 8	(Day) 19	(Year) 52 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 3, 1863	9. AGE last birthday 89 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Bedford Co. Penna.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME No Record	14. MOTHER'S MAIDEN NAME No Record						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Edward Steele Goldsboro, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Hemorrhage c̄ Fatal Hemiplegia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular Disease

(c) Cerebral & General Cerebrovascular

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to Aug 19, 1952, that I last saw the deceased alive on Aug 19, 1952 and that death occurred at 11:15A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clark H Stone for M.D. — ADDRESS Greensboro Maryland — DATE SIGNED Aug 21 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 8/22/52	NAME OF CEMETERY OR CREMATORY Greensboro	LOCATION (City, town, or county) (State) Greensboro, Md.
DATE REC'D BY LOCAL REG. 8/22/52	REGISTRAR'S SIGNATURE J. Clark Smith	24. FUNERAL DIRECTOR R. B. Rawlings	ADDRESS Greensboro Md.

RECEIVED
AUG 26 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00583

Reg. Dist. No. 66

1. PLACE OF DEATH — COUNTY: CAROLINE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - RIDGELY, MD — LENGTH OF STAY (in this place): 16 MOS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: CAROLINE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - RIDGELY.
STREET ADDRESS (If rural, give location): Outside Ridgely.

3. NAME OF DECEASED (Type or Print) (First): VICTORIA (Middle): — (Last): TERRELL

4. DATE OF DEATH (Month) AUG. (Day) 31 (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12/23/84
9. AGE last birthday: 67 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOL TEACHER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): KUTZTOWN, PA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN B. SCHWOYER
14. MOTHER'S MAIDEN NAME: HATTIE SCHWOYER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Husband GEORGE E. TERRELL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute left ventricular failure.	5 Days.
Antecedent cause(s)	(b) Bronchs Pn.	1 Days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) PARKINSONS DISEASE	7 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1951, to Aug 31, 1952, that I last saw the deceased alive on Aug 31, 1952, and that death occurred at 2:45P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles Herbert Wimbett, MD — ADDRESS: RIDGELY, MD — DATE SIGNED: 8.31-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept 3. 52 — NAME OF CEMETERY OR CREMATORY: Hope Cemetery Kutztown — LOCATION (City, town, or county) (State): Pa

DATE REC'D BY LOCAL REG.: Sept. 2, 1952 — REGISTRAR'S SIGNATURE: Mary E. Laird
24. FUNERAL DIRECTOR: George R. Schaeffer — ADDRESS: 346 Main St Kutztown Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SEP 4 1952
BUREAU V

08384

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 61

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

T

1. PLACE OF DEATH:

COUNTY Caroline MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro

LENGTH OF STAY (in this place) 38 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Caroline

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro

STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) (Last) Warner

4. DATE OF DEATH: (Month) 8 (Day) 30 (Year) 52 19

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, Married

8. DATE OF BIRTH: 10/25/1913

9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Cannery

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Greensboro, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Warner

14. MOTHER'S MAIDEN NAME: Susie Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-03-8600

17. INFORMANT & ADDRESS: Mary Warner Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

DUE TO

592X

Antecedent cause(s) (b) Chronic Interstitial Nephritis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) with hypertension

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 10, 1952, to Aug. 30, 1952, that I last saw the deceased alive on Aug. 30, 1952, and that death occurred at 7:20A.m., from the causes and on the date stated above.

SIGNATURE Charles H. Stoneseifer M.D. (DEGREE OR TITLE) ADDRESS Greensboro, Md. DATE SIGNED Sept 2, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 9/2/1952

NAME OF CEMETERY OR CREMATORY Cokers

LOCATION (City, town, or county) (State) Near Greensboro, Md.

DATE REC'D BY LOCAL REG. Sept 2-1952

REGISTRAR'S SIGNATURE L. Mae Pippin

24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

RECEIVED
SEP 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08385

CERTIFICATE OF DEATH

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Greensboro
LENGTH OF STAY (in this place) 3 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Schall NUrsing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 7809 Aberdeen Rd.

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) (Last) Wissler

4. DATE OF DEATH: (Month) 8 (Day) 20 (Year) 52 19

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Aug. 23, 1865

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milton Partlow

14. MOTHER'S MAIDEN NAME: Elinor Lambert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) None

17. INFORMANT & ADDRESS: William H. Triplett 7809 Aberdeen Rd. Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Congestive Cardiac Failure — Interval Between Onset and Death: 4 days.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Generalized Arteriosclerosis — Interval Between Onset and Death: Long.

DUE TO

(c)

260X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — Interval Between Onset and Death: Uncertain.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from May, 19 52, to Aug 20, 19 52, that I last saw the deceased alive on Aug 20, 19 52, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Robert Howard Lloyd M.D. Greensboro Md. Aug 21 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8/26/52

NAME OF CEMETERY OR CREMATORY Mt. Hebron

LOCATION (City, town, or county) (State) Winchester, Virginia

DATE REC'D BY LOCAL REG. Aug 25 1952

REGISTRAR'S SIGNATURE L. MacLippin

24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

RECEIVED
AUG 27 1952
BUREAU V. S.